

**City of Wilmington
Benefits Highlight July 2008 – June 2009**

Health Plan

Blue Cross Blue Shield of NC - Blue Options Plan (PPO) - 1-877-258-3334 - Premiums *Pre-taxed*

- ❖ Effective date is the first day of the month following 30-days of employment for regular, full-time employees and part-time regular employees scheduled for 29 hours or more per week.
- ❖ Coverage is available for you, your spouse and dependent children
- ❖ Both the City and the Employee contribute towards the cost.

Monthly Premiums

	Employee	Employee/Child	Employee/Spouse	Family
Employee	\$42.26	\$157.34	\$261.48	\$274.08
Employer	\$467.30	\$467.30	\$467.30	\$467.30
Total Premiums	\$509.55	\$624.64	\$728.77	\$ 741.37

- ❖ You do not have to select a primary physician. However, it's your responsibility to insure that service providers (physicians, chiropractors, clinics etc are part of the network find out at: BCBSNC.com
- ❖ Routine office visit: \$20 co-pay
- ❖ Specialist visit: \$40 co-pay – referral **not** required
- ❖ Plan year deductible - \$500 individual/\$1500 family
- ❖ Plan year co-insurance maximum - \$1,000 individual/\$3,000 family
- ❖ Urgent care: \$40 co-pay for office visit
- ❖ Emergency room visit: \$150 co-pay per visit (waived if admitted)
- ❖ Ambulatory Surgical Center: 90% after deductible
- ❖ Unlimited medical services provided – no lifetime maximum

Maternity: plan pays 90% after deductible. If the baby is healthy, the deductible is waived for the **baby**.

- ❖ Out of network for care; subject to higher deductibles and higher out-of-pocket expenses
- ❖ Healthy baby definition: no “non-routine” tests are performed; baby goes home with mom

Out-of-Network

- ❖ Plan year deductible - \$500 individual/\$1,500 family
- ❖ Plan year out of pocket co-insurance maximum - \$2,000 individual/\$6,000 family
- ❖ 70% of applicable services paid after deductible
- ❖ Ambulatory Surgical Center: 70% after deductible
- ❖ May have to file your claim
- ❖ Some medical services are **not** covered out-of-network – vision care, preventive care, immunization, well-child care and transplants.

Out-of-State Coverage

- ❖ Coverage available for emergency care, urgent care and follow up care **only**.
- ❖ Cards have a number to call so you will be provided network doctors in the area you are visiting

Prescription Drug Coverage - Mail order available without discount – for convenience only

Co-Pay :

- ❖ \$10 Generic Brands
- ❖ \$25 Brand-Name with a possible generic equivalent
- ❖ \$40 Brand-Name without a generic equivalent
- ❖ \$50 -\$100 Tier 4 Drugs paid at 75% of cost minimum is \$50, maximum cost is \$100

Vision Rider

- ❖ One annual comprehensive exam
- ❖ \$20 co-pay
- ❖ 30% discount on lens and frames and 15% discount on disposable contacts

Special Programs with Blue Cross Blue Shield – gives you discounts, additional coverages and educational materials for various chronic conditions such as:

- ❖ Asthma Care
- ❖ Diabetes Care
- ❖ Heart Disease
- ❖ Kidney Disease
- ❖ Fibromyalgia
- ❖ Migraines

And to enhance your health:

- ❖ Prenatal and well baby programs
- ❖ Healthy Lifestyle Choices such as
 - **Blue Points** a wellness incentive that allows you and your covered dependents to be rewarded for exercising. Receive gifts at four different levels.....then start over. Check out the website at www.bcbsnc.com.
 - **Weight Management**

HEALTHLINE Blue - 877-477-2424

- ❖ Toll free health information from actual registered nurses, any time night or day.

City Health Clinic, 800 Shipyard Boulevard, Suite 1, 910-395-3988

- ❖ Available at no cost to those covered by our BCBS health care program employee or their covered dependants for sick or well care.
- ❖ Offers Smoking cessation, diabetic and blood pressure monitoring

Dental

Ameritas - Premiums Pre-taxed - 1-800-659-2223

- ❖ Effective date is the first day of the month following 30-days of employment for regular, full-time employees and part-time regular employees
- ❖ Coverage is available for you, your spouse and dependent children
- ❖ Calendar year deductible: \$50 per person
- ❖ Calendar year maximum: \$1,000 per person
- ❖ Six month wait on major procedures – crowns, root canals, gum disease, dentures, partials, bridges
- ❖ **Late Entrant:** if not enrolled when initially hired benefits are limited to exams, cleanings and fluoride applications for the first 12 months

Diagnostic and preventive procedures	100% coverage (no deductible)
Basic procedures	80% coverage after deductible
Major procedures	50% coverage after deductible – 6-month wait

Monthly Premiums – 100% paid by employee

Employee Only	Employee Spouse	Employee Child(ren)	Family
\$26.48	\$54.32	\$58.00	\$85.84

Vision

Ameritas - Premiums Pre-taxed - 1-800-877-7195

Exam deductible	\$10 once per 12 month period
Frame allowance	\$105 In Network - \$40.00 Out of Network allowed only every 24 months
Contact lens allowance	\$105 once per 12 month period

Monthly premiums – 100% paid by employee

Employee Only	Employee Plus One	Family
\$ 8.00	\$ 15.96	\$ 22.48

Flexible Spending Accounts – Prime Pay - Tax-free contributions – 888-222-3411

- ❖ **Medical account:** allows you to set aside up to **\$3,500** per year on a *tax-free* basis to reimburse yourself for eligible medical expenses not reimbursed by any insurance plan.
- ❖ **Dependent care:** allows you to set aside up to \$5,000 per year on a *tax-free* basis to reimburse yourself for dependent day care expenses you incur because you (and your spouse) work. If you are married but filing separate income tax returns, the most you can contribute is \$2,500

Debit cards are used to pay these bills or you can utilize the reimbursement and direct deposit features of the program

Changes in Coverage

Are allowed when there are qualifying events in your life. These events are:

- ❖ Marriage or Divorce
- ❖ Birth or death of a child
- ❖ The dependant child is over age 19 and no longer a full time student or a student over age 26
- ❖ A dependant child marries
- ❖ You become eligible for insurance under another (usually your spouse's) coverage.

You have only 30 days from the qualifying event to let us know of these changes

Life Insurance

- ❖ The City pays to provide paid life insurance at the rate of one time your annual salary. City also pays for Accidental Death & Dismemberment coverage which will pay 2 times your annual salary if your death is accidental.
- ❖ Optional dependent coverage - \$1.55 monthly for unlimited number of dependents – employee paid
 - Amount of insurance: \$10,000 for spouse and \$5,000 for each child over 14 days old

Long Term Disability

- ❖ Paid for by the City will provide you with up to 50% of your predisability income. Covers all full time employees until they have 5 years of employment, afterwards disability benefits are available from the Retirement System

Retirement – NC Local Governmental Employees' Retirement System - 919-877-807-3131 - Contributions pre-taxed

- ❖ Full retirement benefits after 30 years of creditable service at any age, or at age 65 with five (5) years of creditable service; 60 with 25 years of creditable service
- ❖ Reduced retirement benefits at age 50 with at least 20 years of creditable service or at age 60 with at least five (5) years of creditable service; age 55 for firemen
- ❖ Employees make a mandatory 6% contribution per pay cycle
- ❖ The City contributes 4.80% for all employees *except* police officers
- ❖ Can buy-back various types of service after being a contributing members for five (5) years, i.e., withdrawn service, prior service, out-of-state service and military service
- ❖ May qualify for a disability benefit if you become totally and permanently disabled for your job after five years of creditable service, as approved by the Medical Review Board. If you are a fireman and your disability is the result of an accident while performing your duty as such, you only need one year of creditable service.

Deferred Compensation Plans

- ❖ The City contributes **4.5%** of salary to either the ICMA 457 or NC 401(k) plan for **ALL** employees – voluntary contributions are optional for the employee. Normal contribution limits for each plan: \$15,500 effective in 2007.
- ❖ **NC 401(k)** - the City may contribute a total of 9.5% for **uniformed police officers** - 5% to 401(k); officers elect plan for 4.5%) - Prudential - **1-866-624-0151** - www.prudential.com/ncplans
- ❖ **ICMA 457** – the City *may* contribute up to 10.5% for **uniformed firefighters** - 3% contribution, up to 3% match; firefighters elect plan for 4.5% - www.icmarc.org - **1-800-669-7400**

Vacation

- ❖ Monthly leave accrual based on years of service and classification – earning from 10-24 days annually
- ❖ Maximum carryover is twice **your** accrual as of **December 31st of each year.**

Sick Leave

- ❖ Twelve (12) days accrued annually
- ❖ Can accrue an unlimited amount of sick leave
- ❖ City will accept sick leave balances from previous employers who were also members of the NC Retirement Plan
- ❖ Can sell back to city 25% upon separation with five (5) years of service if you leave in “good standing” – if retiring, the remainder is reported to the retirement system to enhance your retirement benefit

Sick Leave Bank

- ❖ If you are a participant/contributor you may qualify for a donation of sick leave hours from the bank once your leave balances have been exhausted.
- ❖ Unless you join when hired, you must have 10 days of sick accrual to join at open enrollment

Holidays

- ❖ Eleven (11) paid holidays annually...New Year's Day, Martin Luther King, Jr.'s Birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day (2), and Christmas (2).....additional day designated by the City Manager in conjunction with Christmas when Christmas falls on Tuesday, Wednesday, or Thursday.

Miscellaneous

- ❖ **Tuition Reimbursement Program** - up to \$1,000 per fiscal year - Prior approval required for reimbursement
- ❖ **Parking** – provided at no cost to employees
- ❖ **Blood Drive** - 3 hours off in addition to time it takes to donate blood
- ❖ **Pay Cycle** - bi-weekly
- ❖ **Service Awards Program** - recognition of full-time service beginning with five (5) years of service and continue in 5-year increments
- ❖ **Military Leave** – 15 days annually to fulfill military obligation
- ❖ **School Support Leave** - provides eight (8) hours **PAID** on the fiscal year to attend school functions
- ❖ **Discount Movie Tickets** Carmike Theaters - **\$6.50** Consolidated Theaters (Mayfaire) - **\$5.75**

Supplemental Life Insurance

- ❖ Provide additional life insurance – GUL (KMG) - employee paid - **1-877-378-1505**

Long-Term Care – 910-762-2854

- ❖ Nursing home/Assisted living home care - employee paid

Employee Assistance Program (EAP)

- ❖ Horizon Health - 888-293-6948
- ❖ Telephone or face to face 24/7

College Saving Program - 910-251-5235

- ❖ After-tax Section 529 College Savings Program

Pre-Paid Legal Services/Identify Theft Protection - 1-877-487-2837

- ❖ Can cover family members - approx. \$16.00 monthly. Can not sue employer. 100% employee paid

Credit Unions

- ❖ **New Hanover Federal Credit Union**/3802 Cherry Avenue/Wilmington, NC 28403
- ❖ **Local Government Federal Credit Union** www.lgfcu.org
 - 5011 Randall Parkway, 3500 Converse Dr., Ogden Plaza
 - **ATM locations:** New Hanover County Courthouse, Department of Social Services, Cape Fear Community College, Wrightsboro Plaza, Ogden villages

Supplemental Plans Offered by AFLAC 100% employee paid

- ❖ **Voluntary Indemnity Plan (GAP Insurance) Premiums *Pre-taxed*** -May assist with cost of the following medical services: hospital confinement, short-stay, surgical, heart attack, stroke, coma and paralysis, ambulance and wellness.
- ❖ **Accident-Only Insurance - Premiums *Pre-taxed*** - Benefit is paid directly to the employee to offset medical expenses, deductibles, and living expenses. Two levels of coverage. 100% employee paid.
- ❖ **Cancer Insurance - Premiums *Pre-taxed*** Additional medical and miscellaneous coverage for cancer treatment - levels vary
- ❖ **Short-Term Disability** - Coverage for short-term disabling illnesses or injuries – plans vary

This document is intended to provide a brief summary of the benefit plans. The official plan documents and/or contracts determine eligibility for benefits and coverage. If there is any discrepancy between this summary and the plan documents, the plan documents will prevail.